

**MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

| | | |
|------------|----------|-------------|
| NO. | | FILING DATE |
| 109 | - 820048 | |
| APPLICANT: | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | |
|--------------|----------|------------|------------------------|------------|------------------------|------|-----|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | / | | / | | | | 61 |
| 2 | | / | | / | | | 62 |
| 3 | / | | / | | | | 63 |
| 4 | 3 | | | | | | 64 |
| 5 | / | | / | | | | 65 |
| 6 | / | | / | | | | 66 |
| 7 | / | | | | | | 67 |
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| TOTAL IND. | 4 | | 3 | | | | |
| TOTAL DEP. | 5 | ↓ | 75 | ↓ | | | |
| TOTAL CLAIMS | 9 | [REDACTED] | 18 | [REDACTED] | | | |